

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/525208

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51	/		/		/	
2		/		/		/	52	/		/		/	
3		/		/		/	53	/		/		/	
4		/		/		/	54	/	/	/	/	/	/
5		/		/		/	55	/	/	/	/	/	/
6		/		/		/	56	/	/	/	/	/	/
7		/		/		/	57	/	/	/	/	/	/
8		/		/		/	58	/	/	/	/	/	/
9		/		/		/	59	/	/	/	/	/	/
10		/		/		/	60	/	/	/	/	/	/
11		/		/		/	61	/	/	/	/	/	/
12		/		/		/	62	/	/	/	/	/	/
13		/		/		/	63	/	/	/	/	/	/
14		/		/		/	64	/	/	/	/	/	/
15		/		/		/	65						
16		/		/		/	66						
17		/		/		/	67						
18		/		/		/	68						
19		/		/		/	69						
20		/		/		/	70						
21		/		/		/	71						
22		/		/		/	72						
23		/		/		/	73						
24		/		/		/	74						
25		/		/		/	75						
26	/		/		/		76						
27	/		/		/		77						
28	/		/		/		78						
29	/		/		/		79						
30	/		/		/		80						
31	/		/		/		81						
32	/		/		/		82						
33	/		/		/		83						
34	/		/		/		84						
35	/		/		/		85						
36	/		/		/		86						
37	/		/		/		87						
38	/		/		/		88						
39	/		/		/		89						
40	/		/		/		90						
41	/		/		/		91						
42	/		/		/		92						
43	/		/		/		93						
44	/		/		/		94						
45	/		/		/		95						
46	/		/		/		96						
47	/		/		/		97						
48	/		/		/		98						
49	/		/		/		99						
50	/		/		/		100						
TOTAL IND.	21	↓	12	↓	12	↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	43	←	33	←	31	←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	64		45		43		TOTAL CLAIMS						